MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 707030332 FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL			6				TOTAL IND.						
TOTAL			23				TOTAL DEP.						
AL IMS			29				TOTAL CLAIM						

1360 (3-70)